

In re **Yanira Gaudelli**Case No. **1-10-51381**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS - AMENDED**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
		Husband, Wife, Joint, or Community							
Account No. xxxxxx xxxxxx x-xxx86-09		DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN							
Federal Home Loan Corpora c/o Zucker, Goldberg & Ac 200 Sheffield St., #301 P O BOX 1024 Mountainside, NJ 07092-0024	-	<b>FOR NOTICE PURPOSES ONLY</b> <b>First Mortgage</b> <b>240 Fitzpatrick Street</b> <b>Hillside NJ 07205-2126</b> <b>Investment Property</b> <b>Debtor disputes the second mortgage</b> <b>claim as to the total amount of the debt</b> <b>as of the petition date and as to the</b>					X	0.00	0.00
Value \$		165,000.00							
Account No. xxxxxxxxx5718		<b>First Mortgage</b> <b>240 Fitzpatrick Street Hillside NJ</b> <b>Debtor disputes this claim as to the total</b> <b>amount of the debt as of the petition</b> <b>date and as to the alleged arrears and</b> <b>also dispute that the scheduled party is</b> <b>the lawful owner and holder of</b>					X	205,285.00	40,285.00
Value \$		165,000.00							
Account No. xxxxxxxxx9574		<b>June 2007</b> <b>Second Mortgage on Investment</b> <b>property</b> <b>240 Fitzpatrick Street Hillside NJ</b> <b>07205-2126</b>					X	45,835.00	0.00
Value \$		165,000.00							
Account No.									
Value \$									
Subtotal (Total of this page)								251,120.00	40,285.00
Total (Report on Summary of Schedules)								251,120.00	40,285.00

0 continuation sheets attached

In re **Yanira Gaudelli**Case No. **1-10-51381**

Debtor

## AMENDED SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xxxx-xxxx-xxxx-6417</b>  <b>Chase</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>		-	<b>Credit Card Purchases</b>				<b>3,876.00</b>
Account No. <b>xxxx-xxxx-xxxx-2977</b>  <b>Chase</b> <b>P O Box 15583</b> <b>Wilmington, DE 19886</b>		-	<b>Credit Card Purchases</b>				<b>3,501.00</b>
Account No. <b>xxxx-xxxx-xxxx-4702</b>  <b>Chase</b> <b>P O Box 15153</b> <b>Wilmington, DE 19886-5153</b>		-	<b>Credit Card Purchases</b>				<b>2,422.00</b>
Account No. <b>xxxx3001</b>  <b>Chase Home equity Line</b> <b>800 Brooksedge Blvd</b> <b>Westerville, OH 43081</b>		-	<b>Chase Home Equity Line</b> <b>16 York Street Hicksville NY 11801</b>			<b>X</b>	<b>44,266.00</b>
Subtotal (Total of this page)							<b>54,065.00</b>

2 continuation sheets attached

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Debtor

**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxxxx01 11</b>		<b>Credit Card Purchases</b>				
<b>GEMB/JCP</b> <b>P O BOX 27570</b> <b>Albuquerque, NM 87125</b>	-					<b>658.00</b>
Account No. <b>xxxxxxxxxxxx5855</b>		<b>Credit Card Purchases</b>				
<b>GEMB/OLDNAVY</b> <b>PO BOX 981400</b> <b>El Paso, TX 79998</b>	-					<b>437.00</b>
Account No. <b>xx-xxx-xxx-469-0</b>		<b>Credit Card Purchases</b>				
<b>MCYDSNB</b> <b>9111 DUKE BLVD</b> <b>Mason, OH 45040</b>	-					<b>769.00</b>
Account No. <b>xxxxx6428</b>		<b>Credit Card Purchases</b>				
<b>National Recovery Agency</b> <b>4201 Crums Mill Road</b> <b>Harrisburg, PA 17112</b>	-					<b>72.00</b>
Account No. <b>xx2628</b>		<b>Credit Card Purchases</b>				
<b>North American Partners</b> <b>P O Box 108</b> <b>Glen Head, NY 11545-0108</b>	-					<b>1,332.00</b>
Sheet no. <u>1</u> of <u>2</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						<b>3,268.00</b>

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**AMENDED**  
**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
 (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xxxxx45/11</b>		<b>Medical Bill</b>				
<b>North Shore LIJ</b> <b>P O Box 5090</b> <b>New York, NY</b>						
	-					<b>20.50</b>
Account No. <b>xxxxxx4980</b>		<b>Credit Card Purchases</b>				
<b>North Shore LIJ</b> <b>P O Box 4324</b> <b>Manhasset, NY 11030</b>						
	-					<b>23,078.95</b>
Account No. <b>xxxx445/8</b>		<b>Medical Bill</b>				
<b>North Shore LIJ</b> <b>P O Box 5090</b> <b>New York, NY</b>						
	-					<b>198.45</b>
Account No. <b>xxxxx45/15</b>		<b>Credit Card Purchases</b>				
<b>North Shore LIJ</b> <b>P O Box 5090</b> <b>New York, NY</b>						
	-					<b>269.50</b>
Account No. <b>Yanira Gaudelli</b>		<b>Medical Bill</b>				
<b>Robert H. Mondschein</b> <b>930 Broadway</b> <b>Massapequa, NY 11758</b>						
	-					<b>1,800.00</b>
Sheet no. <b>2</b> of <b>2</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)
						<b>25,367.40</b>
						<b>Total</b> (Report on Summary of Schedules)
						<b>82,700.40</b>